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The Hierarchy of Aging Services: A Replication Study

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It is not often that the interests of practitioners and academics are truly merged in a single issue. Despite all of the pious hopes of academically-based policy scientists of various disciplines during the past decade and the sincere efforts of numerous policymakers at all levels, the vision of informed, enlightened policy decisions is still largely a wished-for-idea rather than a working reality in the American political system.

This is all the more reason to take note when a genuine practical and theoretical convergence occurs on a single issue – as it does in the case of the subject of this paper. The question of service continuums is one of the central dimensions of both theoretical work on the nature of the American community, and applied work on the question of the design of comprehensive, coordinated service delivery systems. This point is well illustrated by several other papers presented at this conference as well. In the case of services for the aged, focus on this set of concerns has been written into national policy through the 1978 amendments to the Older Americans Act, and have been implemented for the first time in 1980. (Final guidelines for the 1978 amendments were not published by the Administration on Aging (AoA) until March 31, 1980.)

The 1978 Amendments

The amendments to the Older Americans Act adopted by Congress in 1978 raise a number of critical issues related to the delivery of services in rural areas. Some of the key provisions of those amendments need to be highlighted here:

First and foremost for our purposes, the Congress specifically and explicitly stipulated that greater attention must be paid to the needs of the rural aged, and sought to assure such attention by mandating that future expenditures in rural areas in each state must be at least 105 percent of the FY 1978 levels (AoA, p. 21144). In our own state of West Virginia, this provision has been the cause of a considerable amount of discussion and controversy between the two predominantly urban and five predominantly rural Area Aging Agencies (AAAs). A fully workable compromise had not yet been worked out in October, 1980. For our purposes, the issue of funding for rural areas is directly connected with the question of the feasibility of comprehensive service delivery systems in both urban and rural areas.

Secondly, in its continued movement away from a purely recreational-leisure services strategy, the latest guidelines from the Administration on Aging also mandate that at least one-half of social service allotments to AAA's must be spent in

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three primary service areas: outreach services, designed to enhance service availability and utilization; in-home services and community services, designed to prevent and forestall unnecessary institutionalization. While a strict policy analysis of these three service categories would probably reveal no clear-cut, definitive differences between them, the main outlines of federal policy in the guidelines are clear enough: This is an attempt by the administration to place greater emphasis on the older and more problem-prone elderly over against the younger well-elderly who make up the bulk of recreational-leisure service users. The legislative language terms these problem-prone elderly those with the "greatest social and economic need" and the administration has shown a penchant in recent years for referring to them as the "frail elderly". Regardless of the term used, however, this long-term shift in emphasis is worth noting.

Other provisions of the 1978 amendments of importance here include the consolidation of social services, multi-purpose senior centers and nutrition services under a single title of the act (Title III-B). The language of the amended Older Americans Act now emphasizes more strongly than previously the development of "comprehensive and coordinated service delivery systems" and the elimination of duplication and overlap in service delivery. Parenthetically, we might note that duplication and overlapping have seldom been serious problems in rural areas with limited service resources.) The guidelines define a comprehensive and coordinated service delivery system as "a system for providing all necessary services, including nutrition, in a manner designed among other things to facilitate accessibility to, and utilization of, all social services and nutrition services provided within the geographic area served by such a system by any public or private agency or organization" (AoA, p. 21135).

The primary mechanisms for enhancing future coordination under the present guidelines in both urban and rural areas are likely to be the called-for Community Focal Points, which are defined by the guidelines as places "for collocation and coordination of service delivery" (AoA, p. 21136). The guidelines also note that "many commentators stated that a strict interpretation of this section would have an adverse effect on rural areas. . ." (AoA, p. 21137). However, the arguments presented by those reacting to this provision of the guidelines are not detailed.

The general interpretation of this section has been from a micro-organizational perspective of the Community Focal Point as an extension of the multi-purpose service center. The language of the AoA guidelines specifically singles multi-purpose senior centers out for special consideration as possible CFPs in the absence of other indications to the contrary (AoA, p. 21135). However, no violence is done to the idea of the Community Focal Point by extending it into the domain of community institutions as well. From this viewpoint, we might equally well ask how cervices can be allocated among communities to achieve an ideal balance of coordination, availability and utilization?

Community Theory Approach

As noted at the beginning of this paper, it is not just the policy makers who have shown interest in some of the issues and questions reflected in the 1978 amendments and the 1980 guidelines for the Older Americans Act. The key central questions of comprehensiveness and coordination of services has also been a major concern in the community studies literature over the years. In part, the issue is one of community integration: As Roland Warren noted years ago, American communities show institutional tendencies toward vertical integration with the rest of society and horizontal integration among institutions within the community (Warren, 1973, 237). In this case, the 1978 amendments and particularly the Community Focal Points provision can be interpreted as an effort by a sector of the vertical axis to define and control characteristics of the horizontal axis in different communities.

From a slightly different perspective, the underlying theoretical issue for community theory posed by the doctrine of comprehensive and coordinated service delivery might be termed the good community, or if you prefer, the ideal or even the normal community. That is, the underlying theoretical question is what institutions (in this case, services) go to make up the most desirable community? This issue of course is a complex normative question and thoroughly political in the best sense of that term. A companion question that has also received some attention is what services do, in fact, make up or define communities at present?

This factual question of what is has received the attention of researchers, including Philip Taietz, a rural sociologist in New York state in a way that is both theoretically interesting and clearly linked to the above policy considerations. Taietz and his colleagues studied 144 rural communities in New York state and found there a unidimensional continuum of services for the aged (Taietz, 1973; Taietz, 1975a; Taietz, 1975b). They did so through the use of a 13-item Guttman Scale (see Table 1).

The principal finding of the Taietz, et. al, study is quite provocative for the question of comprehensive and coordinated services. They found that:

> If an institution is specialized it will fit into a community that has an equal or higher level of structural differentiation than that of the institution itself. Specifically , an institution like a bank can locate in a community only when other supporting institutions, such as modern transportation and communication, real estate offices, legal services and policy already exist.
>
> (Moore, Taietz and Young, 1974)

In other words, this approach literally suggests a modular "building block" approach to community development in which secondary institutions are built upon, and must follow after, primary institutions. Later, Taietz (1975b) extends this

perspective to services for the aged, specifically, and reports finding the existence of a unidimensional, cumulative, and ordinal (Guttman scale) continuum of services found in a study of 144 rural and urban communities in New York state.

The Guttman scaling technique used in this study involves tabulation of data (from questionnaires or other ordinal data) in matrix form with the vertical dimension listing the cases or subjects and the horizontal dimension the scale items. In a perfect Guttman scale, the items should be neatly and consistently arranged from those cases scoring on all items to those scoring on none. A variation in this triangular pattern is noted as an error. By noting the order of items, and the number and percentage of such errors we can determine the degree to which the items constitute a scale that is cumulative, unidimensional and ordinal. Three statistical texts are ordinarily used to establish the validity of a particular scale: a coefficient of reproducibility, which tabulates the ratio of total errors to total responses; a coefficient of scalability and a measure of minimal marginal reproducibility.

Table 1
Community Facilities Scale

Scale Score	Item	Percentage of Communities	
		Taietz	Region VI
0	None	24.2%	
1	Senior Citizens Club/Center	16.0	100
2	Hospital w/ Operating Cert.	.7	11.3
3	Accredited Hospital	8.3	11.3
4	Nursing Home(s)	9.0	6.8
5	Psychiatric Clinic	7.6	9.1
6	Home Health Agency	2.8	13.6
7	Dept. of Social Services	6.3	13.6
8	Homemaker Service	5.6	13.6
9	Dept. of Health	4.9	9.1
10	Family Service Agency	2.1	9.1
11	Sheltered Workshop	2.1	9.1
12	Free standing Clinic	1.4	6.8
13	Accredited Hosp. w/ Medical Specialty	9.0	2.3

The conventional minimum standards of valid scales are interpreted as being a coefficient of scalability greater than .6 and a coefficient of reproducibility of reproducibility of .9 or greater. Taietz reports coefficients of .66 and .93 respectively, thus suggesting a valid scale. However, it is worth noting also that only 23 percent (N=34) of Taietz' communities were rural.

Findings

I began by examining the three counties of Monongalia, Marion and Preston, which constitute the northern tier of Region VI. Two of these counties (Monongalia and Preston) border southwestern Pennsylvania and Preston also borders western Maryland. Then extended the analysis to all six counties of the region. Each of the six counties has a single population center, which is also the county seat. Morgantown and Fairmont are major regional centers in the 25,000-50,000 population range, while Grafton is a minor regional center in the 5,000-10,000 population range and Kingwood is in the 2,500-5,000 range. West Union has approximately 1,000 population.

In addition, there are six other communities in the northern tier of the region whose 1970 population exceeds 1,000: Star City and Westover in Monongalia County; Mannington, Monongah, and Rivesville in Marion County and Terra Alta in Preston County. There are also 160 other identifiable population clusters in the three counties; 50 in Monongalia; 64 in Preston; and 56 in Marion County.

Thus, the first problem faced in this study was one not reported by Taietz: the lack of a definition of community. Presumably the earlier study examined "urban" and "rural" communities using the census definition of 2,500 population as the cut-off point. As noted above, the Taietz studies reported that approximately one third of the communities studied were rural and two-thirds urban. This approach is not uniformly applicable throughout the United States, however. In particular, in northern West Virginia, as throughout the state, there are literally hundreds of tiny, rural settlements with population concentrations well below the census cutoff; yet they are "communities" in their own right. Initial surveys reveal 162 of these communities in the northern tier of counties of region VI and approximately aa similar number in the other three counties. In all, there are about 330 communities in the six-county region.

The communities listed in Table 2 are all of those (44) in Region VI with at least one aging-related service. What it shows is the highly concentrated distribution of services. We note a complete absence of a middle range community in the region. Apart from the six county seats, five of which have extensive service arrays (scores of 11 or above), no community in the region has any more than a senior center.

Several conclusions emerge from these data. In north central West Virginia, services are highly concentrated in county-level service centers. Thus, to the extent that the Community Focal Point concept from the 1978 amendments to the Older

Americans Act is given a macro-social definition, the desired concentration of services already exists here. Moreover, it does so for political and policy reasons. The state Commission on Aging, consistent with the regional service centers guidelines of the Appalachian Regional Commission, has long pursued a policy of encouraging county-level service "focal points" throughout the state.

Table 2
Community Facilities in Region VI

	1	2	3	4	5	6	7	8	9	10	11	12	13	
Morgantown	X	X	X	X	X	X	X	X	X	X	X	X	X	13
Clarksburg	X	X	X	X	X	X	X	X	X	X	X	X	0	12
Fairmont	X	X	X	X	X	X	X	X	X	X	X	X	0	12
Kingwood	X	X	X	0	X	X	X	X	X	X	X	X	0	11
Grafton	X	X	X	X	0	X	X	0	X	0	0	X	0	8
West Union	X	0	0	0	0	X	X	0	X	0	0	0	0	4
Star City	X													
Bridgeport	X													
Farmington	X													
Mannington	X													
Monongah	X													
Rivesville	X													
Jake's Run	X													
Terra Alta	X													
Shinnston	X													
Tyrone	X													
Wana	X													
Barrackville	X													
Carolina	X													
Fairview	X													
Granttown	X													
Idamay	X													
Bellview	X													
Reedsville	X													
Mannington	X													
Watson	X													
Blacksville	X													
Browns Chapel	X													
Canyon	X													
Daybrook	X													

Greenwood	X													
Sedelia	X													
Greenbriar	X													
Salem	X													
Host Creek	X													
Johnstown	X													
Wallace	X													
Lumberport	X													
Sardis	X													
Marshville	X													
Knottsville	X													
Webster	X													
Middleville	X													
Flemington	X													
Parkview	X													

Table 2 shows the distinctive pattern of distribution of services in the six counties of Region VI. Table 3 shows the same information for the six major service centers/county seats.

Table 3
Community Services in County Seats in Region VI

	1	6	9	7	2	3	12	4	8	10	11	5	13	
Morgantown	X	X	X	X	X	X	X	X	X	X	X	X	X	13
Clarksburg	X	X	X	X	X	X	X	X	X	X	X	X	0	12
Fairmont	X	X	X	X	X	X	X	X	X	X	X	X	0	12
Kingwood	X	X	X	X	X	X	X	0	X	X	X	X	0	11
Grafton	X	X	X	X	X	X	X	X	0	0	0	0	0	8
West Union	X	X	X	X	0	0	0	0	0	0	0	0	0	4

It is evident that the proposed Guttmann Scale does not offer evidence of a cumulative, unidimensional and ordinal continuum of service distribution in the communities of north central West Virginia, or support for the building block approach to services. Instead, it shows evidence of extreme concentration of services in five of the six county seats and a minimal concentration in the sixth (which is the most isolated of the six county seats: 31 miles from Clarksburg, 53 miles from Fairmont, 47 miles from Grafton and 65 miles from Morgantown. It is also 75 miles from Kingwood).

This pattern of service distribution, however, does tend to support the alternative hypothesis proposed by Marvin Taves in his reactor comments on the Taietz study:

> There is little reason to conclude that rurality alone or principally explains the observed variance in presence of social services in a community . . .
>
> An alternative hypothesis is that (the) presence of such facilities is associated even more directly with the availability of the finance base or a combination of such a base and appreciation of the benefits produced by the facilities and services. That is, facilities tend to be present in a service area whenever there are sufficient aggregates of persons believing in or capable of paying for them (from local, state or federal – public or private – sources.
>
> (Taves, 1975, 157)

Implications

While the theoretical implications for understanding communities are themselves fascinating subjects for study, our primary concern here is with the policy implications of this approach. Tracing out such funding patterns is very revealing, indeed. In particular, all of the satellite service centers (those communities scoring "1" on the scale) are directly and immediately traceable to available funding through Title III-B and the decisions of the state aging office, Region VI Area Agency on Aging and the various county aging offices and boards on which communities to local such programs in.

Thus, a bi-level pattern of funding related decisions is revealed for Northern West Virginia communities. Broad, full complements of services for the aged are found only in county seat communities, with a strong tendency toward a relationship between size and the number of services located there. Outside those county seats, the pattern of service availability (for senior centers or clubs) is directly linked to program-specific decision. It is obvious, for example, that aging network agencies have been encouraged to pursue outreach programs outside the county seats while other programs have not. It is quite conceivable, however, that had Medicaid, for example, or Hill-Burton hospital construction programs encouraged similar outreach, the pattern of scores of this scale might be quite different. Thus, t least circumstantial evidence exists to support the importance of funding patterns to determine patterns of service availability and to reject the kind of organic conception of community development implicit in the unidimensional scalar approach.

Also important in the West Virginia context is the prvotal role of state government in the distribution and regulation of local health care and social services for the aged and in the distribution of federal social program funds to local communities. Given this, it is not t all surprising that the kinds of variations between the states of New York and West Virginia shown in Table 1 exist. Further given the apparently eclectic construction of the scale which provided the beginning point of this study, it is not altogether surprising that the continuum found in one state was not found in another, very different state, geographically, historically, politically and economically. There simply is no apparent theoretical or conceptual view whci transcends the immediate context of the first research site and can be appled in the case of other states. Why the emergence of family services should, *a priori*, be dependent upon the prior emergence of senior centers is far from clear.

Why then, did we set up this study other than for the rather elementary and obvious "straw man" it represents? We did so for several reasons: First, although this particular combination of services seems idiosyncratic to New York state, the general approach of seeking such unidimensionality in community services as well as linking this approach to community development may be a fruitful avenue for further investigation. However, as noted closer fidelity to legal and policy domains may be appropriate. Interestingly enough, this approach parallels some work done a decade or more ago in state government political studies (see, for example McCrone and Cnudde, 1969).

Further, the "building block" or service continuum approach suggested by Taietz, et. al., is worthy of further consideration. While the underlying relationships involved may not be the type of simple straightforward linkages represented by the unidimensionality of Guttman scaling, it is relatively obvious to anyone who has worked with services for the aged that some such linkages do exist, as does some kind of dependency of specialized services on other more general services. For example, the mission of home health care is linked in numerous important ways to public health, general hospitals, specialty hospitals (doing heart surgery or cancer treatment, for example) as well as to public welfare agencies and even nursing homes. Note: the Taietz scale does not deal at all with a range of additional services from vision and hearing examinations and treatment to homemaker services, podiatry, and a vast range of geriatric housing options and intermediate (pre-nursing home) care.

References

Moore, D. E., Taietz, P., & Young, F. W. (1974). Location of Institutions in Upstate New York. *Search*, *2*(12), 1-7. Taietz, 1975a

Taietz, P. (1973). *Structural Complexity of New York State Communities: Health and Welfare*. New York: Cornell University.

Taietz, P. (1975). Community Facilities and Social Services. In A. R. C. & T. O. Byerts (Eds.), *Rural Environment and Aging* (pp. 145-156). Washington DC: Gerontological Society of America.

Taietz, P. (1977). *The needs of the elderly: Rural-urban comparisons*. Proceedings from the Workshop on Rural Gerontology Research in the Northeast.

Taietz, P., & Milton, S. (1977). Rural-urban differences in the structure of services for elderly in upstate New York counties. *The Gerontologist*, *17*(5), 125-130.

Taves, M. (1975a). Comments. In R. Atchley & T. O. Byerts (Eds.), *Rural Environments and Aging* (pp. 157-163). Washington DC: Gerontological Society of America.

Warren, R. L. (1973). *Perspectives on the American community; a book of readings.* (2d ed.). Chicago: Rand McNally.